

**North Carolina Justice Academy  
Salemberg, North Carolina  
Release of Liability Form**

Name of Event(s): NCJA 2015 Motorcycle Ride

Location: Beginning & Ending: 200 College Street, Salemberg, NC 28385

Date: November 14<sup>th</sup>, 2015

**I, the undersigned, agree that for and in Consideration of One Dollar (\$1.00) in Hand Paid (included in entry fee) and the privilege of being a participant in any North Carolina Justice Academy Event, I HEREBY RELEASE, the North Carolina Justice Academy and the Department of Justice, the County of Bladen, the County of Sampson, the County of Pender, and all Officer, Directors, and members of these organizations and any other co-sponsors of this event shall not be liable or responsible for damage to property or injury to persons, including myself, during the above captioned event, even where the damage or injury is caused by negligence (except willful negligence).**

I release and hold the above named organizations, their officers, directors, and members harmless for any injury, loss to my person or property that may result through my participation in the above captioned event activities.

I understand that this means that I agree not to sue the above listed organizations, or their officers, directors or members for any injury resulting to myself or to my property in connection with this event.

I am experienced in and familiar with the operation of a motorcycle and fully understand the risks and dangers inherent in motorcycling. I operate a vehicle that is legally registered and insured in accordance with the statutes of North Carolina.

I agree that while participating in this event, the use of alcohol or any substance which affects the ability to operate or control a vehicle and is considered hazardous to the health and safety of myself, other participants and spectators, is strictly forbidden.

By signing this Release of Liability Form, I certify that I have read this Release and fully understand it and that I am not relying on any statements or representations made by any party of this event.

RIDER:  
Signature\_\_\_\_\_

PASSENGER:  
Signature\_\_\_\_\_

Print Name\_\_\_\_\_

Print Name\_\_\_\_\_

Address\_\_\_\_\_

Address\_\_\_\_\_

City/State/Zip\_\_\_\_\_

City/State/Zip\_\_\_\_\_

E-Mail (for videos of event) \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

**NCJA Staff Only:**

Payment type: \_\_\_\_\_ Cash; \_\_\_\_\_ Check; \_\_\_\_\_ Money order/Cashier's check

Rider \$20.00 \_\_\_\_\_ Passenger \$10.00 \_\_\_\_\_ Total: \_\_\_\_\_